

LIB 000016041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100244215871

02/06/13--01015--012 \*\*25.00

13 FEB -6 PM 3:00  
TALLAHASSEE, FLORIDA

FEB -8 2013

G. McLEOD

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THL 9710-201, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR MANUEL CRUZ  
Name of Person

Firm/Company

2293 SW 24 TERRACE  
Address

MIAMI, FL 33145  
City/State and Zip Code

HECTOR J CRUZ @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR MANUEL CRUZ at (786) 384-0971  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TAL 9710-201, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/31/2013 and assigned  
Florida document number L13000016041

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O HECTOR MANUEL CRUZ  
2293 SW 24 TERRACE  
MIAMI, FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O HECTOR MANUEL CRUZ  
2293 SW 24 TERRACE  
MIAMI, FL 33145

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HECTOR MANUEL CRUZ

New Registered Office Address:

2293 SW 24 TERRACE

Enter Florida street address

MIAMI, Florida 33145

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HECTOR MANUEL CRUZ	2293 SW 24 TERR. MIAMI, FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	The Housing League, INC., a FLORIDA CORPORATION	1119 COTOPED AVE CORAL GABLES, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

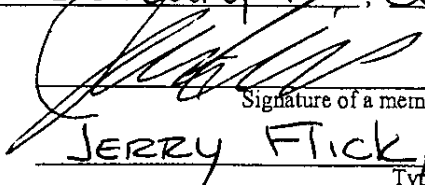
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALL CHANGES HEREIN ARE  
TO TAKE EFFECT ON  
MAY 1, 2013

Dated

February 1, 2013.

Signature of a member or authorized representative of a member



Typed or printed name of signee

JERRY FLICK, PRESIDENT of The Housing LEAGUE,  
INC., a FLORIDA  
CORPORATION

Page 3 of 3

Filing Fee: \$25.00